



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "A"

APPLICANT: Oliver SCHRECK CONFIRMATION NO.: 3794  
SERIAL NO.: 10/072,039 GROUP ART UNIT: 3737  
FILED: February 5, 2002 EXAMINER: B. Roy  
TITLE: "METHOD AND APPARATUS FOR FUNCTIONAL MAGNETIC RESONANCE IMAGING"

**MAIL STOP NON-FEE AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

SIR:

In response to the Office Action dated October 20, 2004, Applicant herewith amends the above-referenced application as follows.



TELEPHONE (312) 258-5500

JAN 14 2005

In re application of:

Oliver SCHRECK

SERIAL NO.: 10/072,039

## SCHIFF HARDIN LLP

### PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 3737

FILED: February 5, 2002

EXAMINER: B. Roy

CONFIRMATION NO. 3794

TITLE: "METHOD AND APPARATUS FOR FUNCTIONAL MAGNETIC RESONANCE IMAGING"  
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### MAIL STOP NON-FEE AMENDMENT

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED							
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE	
TOTAL CLAIMS	15	MINUS	**20	X 2	( ) X 25.00 ( ) X 50.00	\$00	
INDEP. CLAIMS	*2	MINUS	3	X	( ) X 100.00 ( ) X 200.00		
Application amended to contain any multiple dependent claims not previously paid for.			( ) YES	( ) \$180.00 ( ) \$360.00 ONE TIME			
			( ) NO				
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			\$0.00	

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated for \_\_\_\_\_ months so that the period for response is extended to . A check in the amount of \$ \_\_\_\_\_ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ \_\_\_\_\_ is attached.
- A check for \$ \_\_\_\_\_ accompanying IDS under 37 CFR 1.97(c) is attached
- A check for \$ \_\_\_\_\_ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on January 11, 2005.

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

January 11, 2005

DATE